

**LEGISLATIVE SERVICES AGENCY
OFFICE OF FISCAL AND MANAGEMENT ANALYSIS**

301 State House
(317) 232-9855

FISCAL IMPACT STATEMENT

LS 7102

BILL NUMBER: HB 1152

DATE PREPARED: Dec 31, 2001

BILL AMENDED:

SUBJECT: Insurance Matters.

FISCAL ANALYST: Michael Molnar

PHONE NUMBER: 232-9559

FUNDS AFFECTED: **GENERAL
DEDICATED
FEDERAL**

IMPACT: No Fiscal Impact

Summary of Legislation: This bill prohibits an insurer from submitting a recoupment claim to a health care provider because of overpayment by the insurer later than one year after the provider filed the original claim with the insurer.

The bill requires an insurer or a health maintenance organization, upon request, to provide a provider with the insurer's or health maintenance organization's reimbursement fee schedule for the services provided by the provider.

The bill requires the Department of Insurance to prescribe a credentialing form to be completed by providers applying for credentialing by an insurer or a health maintenance organization. The bill also requires an insurer or a health maintenance organization to: (1) use the form prescribed by the Department; (2) notify a provider about any deficiencies or missing information in the provider's application within seven business days after receiving the application; and (3) update the provider on the status of the application within 45 days after receiving the application and every 30 days thereafter until a final determination is made on the provider's application.

Effective Date: July 1, 2002.

Explanation of State Expenditures: The Department of Insurance is required to develop a credentialing form for providers. The Department should be able to develop this form with existing staff and not incur any additional expenses.

Explanation of State Revenues:

Explanation of Local Expenditures:

Explanation of Local Revenues:

State Agencies Affected: Department of Insurance.

Local Agencies Affected:

Information Sources: